PS21-2103 Component 3 Combined Evaluation and Work Plan Template

This template is provided as an aid to applicants in preparing the evaluation and work plan for PS21-2103; however, its use is optional.

* Space is provided for brief narrative descriptions of the 5-year plan and Year 1 plan for each strategy, with a suggested limit of 200 words each.
* The title and sections headers in this file are formatted to support accessibility of the document online.
* Applicants may change all text to any 12-point font single spaced to meet requirements stated in the NOFO.
* Text in green can be deleted to reduce the length.

The tables in this template include only the required short-term activities and expected (bolded) outcomes from the PS21-2103 Logic Model.

* Short-term outcomes may be achieved during Years 1–3 of funding; applicants should review and edit these outcomes as needed to indicate what outcomes are expected to be achieved in Year 1.
* Applicants planning to address the intermediate expected (bolded) or remaining (non-bolded) short- or intermediate-term activities/outcomes in Year 1 may copy sections of the template and edit them accordingly.
* The evaluation section can be collapsed appropriately to allow space to explain how evaluation will be conducted and how evaluation results will be used.

## Strategy 3.1 Improve access to services for PWID in settings disproportionately affected by drug use

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| **Overall 5-year plan** (200 words):  |

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| **Detailed Year 1 plan** (200 words):  |

### Outcome 3.1.1: Increased access to high-coverage needle-syringe exchange among PWID

### Outcome 3.1.2: Increased linkage to SUD treatment (including MAT among PWID with OUD)

### Outcome 3.1.3: Increased HCV, HIV, and HBV testing among PWID

### Outcome 3.1.4: Increased linkage to treatment services among people with infectious complications (viral hepatitis, HIV, bacterial, fungal) of SUD

### Outcome 3.1.5: Increased receipt of hepatitis B and A vaccination among PWID

| **Year 1 Activities** | **Process Measure(s)** | **Responsible Party/Person** | **Completion Date** |
| --- | --- | --- | --- |
| 1. Form project management team
 | 1.2.3. |   |   |
| 1. Complete rapid health services assessment
 | 1.2.3. |   |   |
| 1. Develop service delivery model
 | 1.2.3. |   |   |
| 1. Prioritize elements of PWID bundle for implementation
 | 1.2.3. |  |  |
| 1. Evaluate access to high-coverage needle-syringe exchange among PWID
 | 3.1.1.a-b Report containing number, stratified by setting serving PWID (SSPs, SUD treatment programs, hospitals, correctional settings, etc.) of: a. PWID served b. Syringes distributed |  |  |
| 1. Evaluate linkage to SUD treatment (including MAT among PWID with OUD)
 | 3.1.2.a-d Report containing number, stratified by setting serving PWID of: a. PWID linked to SUD treatmentb. PWID assessed for OUDc. PWID with OUDd. PWID with OUD linked to MAT |  |  |
| 1. Evaluate access to HIV, HCV, and HBV testing among PWID
 | 3.1.3.a-c Report containing number, stratified by setting serving PWID of:a. Clients tested for anti-HCV b. Clients screened (anti-HBc, HBsAg, anti-HBs) for HBVc. Clients screened for HIV |  |  |
| 1. Evaluate linkage to treatment services among people with infectious complications (viral hepatitis, HIV, bacterial, fungal) of SUD
 | 3.1.4.a-i Report containing number, stratified by setting serving PWID, of: a. Clients testing positive for anti-HCVb. Clients positive for anti-HCV tested for HCV RNAc. Clients testing positive for HCV RNAd. Clients HCV RNA (+) linked to hepatitis C treatmente. Clients testing positive for HBsAgf. Clients HBV (+) linked to hepatitis B careg. SSP clients testing positive for HIVh. HIV (+) SSP clients linked to HIV treatmenti. Clients referred for treatment for bacterial or fungal infections |  |  |
| 1. Evaluate receipt of hepatitis B and A vaccination among PWID
 | 3.1.5.a-d Report containing number, stratified by setting serving PWID, of: a. Hepatitis A vaccination doses administered to clientsb. Clients who completed hepatitis A vaccination seriesc. Hepatitis B vaccination doses administered to clientsd. Clients who completed hepatitis B vaccination series |  |  |